

## Pregnancy Maintenance Initiative (PMI) 2016-2017 (FY17 Auto Copy)

Date Generated: 02/15/2018

Family Life Services

Period: 07/01/2016 - 06/30/2017

Filter(s): Family Life Services;

### A - Administration and Management

#### A.1 - Capacity building and accountability

Start Date:

End Date:

Attachments: FLS Members.jpg; Non Profit.jpg

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact): Tim Durham, M. Ed., Executive Director, fls@hit.net

Charla Myrick, RN, Program Coordinator, charlamy88@gmail.com--primary point of contact

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: Since FLS became an adoption agency in 1984, we have been required to have an annual inspection during which we provide proof of current licensure for each worker, current annual worker report (employee evaluation), and proof of any continuing education and training. Each worker has their own personal file in which this information is stored. This information is part of the permanent folder for inspection that contains all documentation concerning the agency's adoption license.

Mandated training is recorded and stored in the individual personnel files of the workers as well as in the PMI notebook, which chronicles continuing communication and compliance with PMI directors at the state level.

Performance appraisal is done once a year and is managed by the Executive Director. A form is filled out by the Executive Director after an annual interview with the workers and stored in the worker's personnel file.

The professional development plan is unique for each employee and it is developed immediately after the annual appraisal. This information is housed in the personnel file. Employees are required to attend seminars and other continuing education to keep their licensure and add to their personal file, document continuing professional accomplishment. This plan is kept with the personnel file since it is actually part of the performance appraisal.

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

##### A.1.1 - Build internal capacity

Start Date:

End Date:

Attachments:

##### A.1.1.1 - Attend annual meeting/training provided by KDHE

Start Date:

End Date:

Attachments:

**A.1.1.2 - Provide orientation and training of new staff****Start Date:****End Date:****Attachments:**

**Describe your process for orienting and training staff new to the PMI program.:** New staff work in the same facility as the Executive Director and have direct and routine input and easy access to the Director. The process for any new employee is to meet with the director by appointment for up to one hour each day for the first week. After that there is a brief (10 minutes) staffing meeting briefly every workday with another hour meeting once a week (each Thursday morning) if needed. It is the custom of this agency that the Executive Director and staff have ongoing collaboration demonstrated by discussing policy and procedures in a free-flowing and fairly constant manner.

**A.1.1.3 - Develop a method for recruiting selecting, and training staff****Start Date:****End Date:****Attachments:****A.1.2 - Communicate and coordinate local work with State staff****Start Date:****End Date:****Attachments:****A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly****Start Date:****End Date:****Attachments:****A.1.2.2 - Submit Quarterly Progress Report****Start Date:****End Date:****Attachments:****A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State****Start Date:****End Date:****Attachments:**

## A.2 - Program evaluation

**Start Date:**

**End Date:**

**Attachments:**

**Summarize your program evaluation methods to include how you will expand services to meet community needs.:** Because we have weekly staff meetings, we keep up with current numbers as well as problems or issues that come up. This issues are dealt with in a timely fashion. Recordkeeping, case management, and all public events are routinely updated as the Program Coordinator, Charla Myrick, reports to the Agency Director, Tim Durham, as per a weekly schedule. In keeping with regulations since 2001, records are kept up to date to be reported as part of the compliance fro the grant to DCF. It is reasonable and helpful for us to have current figures to report to the churches and social service organizations which support our work. In addition, we have an exit interview that is used to evaluate our personal impact on the clients. We can also correlate history of drug use, prenatal care, and birth weights with participation in the program, compare them to those not in the program and infer a positive effect. We have substantial qualitative information and quotes from client encouraging us and helping us to identify how to improve delivery of services.

To expand services and meet community needs, we will continue to reach those needing our services and:

1. continue to inform new doctors and nurse while we remind those who have been made aware of our program.
2. speak routinely at churches and community organizations, advertise online and in the local print advertising.
3. host local Chamber of Commerce coffee. We leave pamphlets at clinics, offices and health fairs.
4. attend various groups such as the Cowley County Community Health Coalition, Third Thursday (another social service group) and cooperate often with the Cowley County Extention Office.
5. write articles for the local newspaper. The Director recently had an article in a special Health Edition of the local newspaper about "Wholeness in Health"
6. have several public events involving speaking and music to promote the agency, including our PMI effort
7. continue taking input from our Advisory Board

**Attach a Client Satisfaction Survey in the attachment section above**

**Did you attach a Client Satisfaction Survey?:** Yes

### A.2.1 - Develop a program evaluation process to ensure services are provided as proposed

**Start Date:**

**End Date:**

**Attachments:**

#### A.2.1.1 - Develop and use a client satisfaction survey

**Start Date:**

**End Date:**

**Attachments:**

#### A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.

**Start Date:**

**End Date:**

**Attachments:**

### A.2.2 - Create and maintain a functioning advisory group.

**Start Date:**

**End Date:**

**Attachments:**

**Describe your PMI Advisory Group membership and frequency of meetings.:** Our PMI Advisory Group membership consists of 6 members of the community with various backgrounds, but with the common interests of seeing healthy pregnancies promoted. This group will meet once a quarter when stats will be shared, as well as significant problems and progress. Minutes of this meeting will be kept and the accumulated notes will be kept with the global notebook of PMI polices, procedures, and record of communication.

**A.2.2.1** - Composition of the advisory group will reflect the community (race, ethnicity, SES)

**Start Date:**

**End Date:**

**Attachments:**

**A.2.2.2** - Regular meetings will be held and minutes of the meeting kept

**Start Date:**

**End Date:**

**Attachments:**

## **B - Data and Information**

## B.1 - Measure program impact

**Start Date:**

**End Date:**

**Attachments:**

**Describe your program goals, objectives and outcome measures.:** The main purpose of the "Healthy Beginnings Program" (the local name for PMI program) is to provide free, one-on-one prenatal health and safety education which results in healthier pregnancy outcomes. Another objective is to assist with making life goals and lifestyle choices during and after pregnancy in important areas including smoking cessation, domestic abuse and protection, as well as parenting education. Because a substantial part of our program is infant safety, we plan for each mother to earn a new crib, a new car seat and a health kit. Charla Myrick, our RN, meet weekly with client for a private 50 minute appointment, using state-of-the-art DVDs, models, and curriculum. The nurse coordinates services with doctors, OB nurses, and other social service organization to optimize care. This program does not charge clients for any equipment; it is all "earned" though participation in the program as client are paid "Mommy Money" they can earn, save, and spend in the Mommy Store. This system has been extremely successful to encourage participation as well as promote goal-planning to obtain equipment, clothes, and other supplies they need. Individuals and organizations who donate to the Mommy Store seem to strongly approve that the provision of equipment and supplies is tied to the educational component of the program.

The primary goal is to increase health of the pregnant woman and her child by:

1. increasing access to health care systems,
2. promoting healthier birth outcomes (measures by gestational periods and birth weights,
3. increasing healthy lifestyle choices,
4. decreasing domestic violence and promoting healthy relationships,
5. educating new parents on the basic of taking care of a newborn,
6. promoting safety by encouraging the use of a new baby bed and a new car seat
- 7.. increasing awareness and encouraging adoption for those who desire that for their situation.
8. encouraging the father's participation in the program

Outcome measures are done by examining and recording specific outcomes, activities, and behaviors that are observed every day and reported from the clients themselves. Certain statistics that measures pregnancy outcomes our combined with other qualitative reports to evaluation our program routinely.

**How will you measure effectiveness of services, interventions and referral networks?:** We must keep detailed records of the outcomes of our interactions with the clients. As we record outcomes, we can correlate the data concerning birth weights, drug use, educational experience, and domestic violence with what we know about clients who have not experience our services (and did not receive adequate prenatal care). This allows us to infer from the data how a reasonable difference can be quantified. We can also compare the information during the intake and compare that to the clients' characteristics after experiencing the effects of the program. Thirdly, , we use a great deal of qualitative information such as what the clients say to us directly that articulate their thankfulness and satisfaction with the entire process. Simply put, a high degree of communication between staff, clients, and referral networks will be routinely experienced.

**How will you ensure services provided are those needed by clients?:** When clients are referred to us, most of them qualify themselves by showing up to receive services. In other words, their need is self-evident. We require proof of pregnancy to avoid any confusion with regard to this process and we provide free pregnancy tests for that purpose. In addition, the application that the clients fill out to request services is quite detailed and gives us a great deal of information about the client such as identifying information, their description of their situation, as well as specific needs and goals. Part of the intake process is a face-to-face interview given by the RN to further identify problems and verify that the client is indeed in the right place to receive the service she actually needs.

**Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information and how it will be collected. If you plan to import data from another system, include the name of the system (Insight, Nightingale Notes, etc.):** The Program Coordinator Charla Myrick, RN, has received training on entering required data and is competent to record this after every client. We have recently purchased a new computer that has been used expressly for this purpose. In addition, we have been approved for a tablet that will soon become the primary tool collect and enter data in DAISEY. Charla has been entering data successfully for some time and will soon continue with this activity using the new tablet.

### B.1.1 - Develop an evaluation tool to measure program effectiveness

**Start Date:** 07/01/2016

**End Date:** 06/30/2017

**Attachments:**

**B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks****Start Date:****End Date:****Attachments:****B.1.1.2 - Gather and use data to assess program impact****Start Date:****End Date:****Attachments:****D - Interventions to Improve Public Health****D.1 - Provide services to enable pregnant women to carry their pregnancies to term****Start Date:****End Date:****Attachments:**

**Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.:** The process, which has been fine-tuned, allows the client to meet with our nurse about once a week to provide prenatal health and safety education. As an incentive, the client receives "Mommy Bucks" which she can save and "buy" products (equipment, supplies, and clothes) in the Baby Store.

Direct services include:

1. providing free pregnancy tests to verify pregnancy and to make concrete the need for prenatal care and education
2. providing free medical information about all medical aspects of pregnancy
3. offering free prenatal education and support program which has been in effect since 2001
4. offering one-on-one (personal) consultation with a nurse for one clinical hour per week
5. receiving mommy bucks for each visit, each video watched, each trip to the doctor., ect
6. receiving encouragement and education to make a healthier lifestyle for mom, directly helping the baby's health
7. being aware of other health and nutrition seminars in the area that the nurse shares
8. being expose to wide referral services and community helps.
9. receiving additional support from a counselor if necessary related to psychological and relationship issues affected by the pregnancy and pregnancy outcomes
10. providing for watching and discussing new DVDs dealing with pregnancy, child development and early child care.
11. allowing the incentive of being able to "earn" a new car seat, baby bed, and other supplies
12. helping provide the experience of coordination of services with doctors, nurses, and other social service organizations.
13. completing an integrated "smoking cessation" unit which educated and encourages with graphic medical information

The "Earn While You Learn" DVDs and handout curriculum is a well-developed system that is a standard but current for this kind of program. We have also supplemented it with many videos from Intouch company which are state-of-the-art. this curriculum is evidence-based and we have had substantial experience with it over the years as we have updated and refined our system of service with the very latest versions.

**Describe the adoption services and pregnancy education to be provided as part of the program.:** Family Life Services has been a licensed adoption agency (#746-1) since 1984 and the current director has been administering adoption services since 1991. Since staff does not need to refer to another agency, service delivery for adoption-minded clients is streamlined, immediate, and easy to accomplish. We incorporate the use of videos, workbooks, and curriculum to encourage the client to fulfill her own placement plan. The most important component, however, is the great care that is given toward building a strong professional relationship with each client that is personal and respectful. Another positive aspect of this system is that we are here for them after the adoption providing support and counseling which does not seem to be available through many other adoption plans, especially those conducted by an attorney's office only. We have working agreement with doctors and attorneys to make certain that the process is efficient medically and legally but always mindful of the emotional component of making an adoption plan.

**Estimate the total number of pregnant women to be served during the grant period.:** 80

**D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services**

**Start Date:**

**End Date:**

**Attachments:**

**D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented**

**Start Date:**

**End Date:**

**Attachments:**

**D.1.2 - Adoption services and pregnancy education will be part of the program**

**Start Date:**

**End Date:**

**Attachments:**

**D.1.2.1 - Case managers to attend adoption training class**

**Start Date:**

**End Date:**

**Attachments:**

**D.1.2.2 - Provide plan for providing adoption as an option**

**Start Date:**

**End Date:**

**Attachments:**

**D.1.2.3 - Provide adequate resources and referrals**

**Start Date:**

**End Date:**

**Attachments:**

**D.2 - The program shall not perform, promote or refer for education in favor of abortion.**

**Start Date:**

**End Date:**

**Attachments:**

**Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?:** Yes

**Select all counties to be served below**

**County:** Chautauqua; Cowley; Sumner

**D.2.1 - Provide assurances**

**Start Date:**

**End Date:**

**Attachments:**

## **E - Communications and Promotions**

### E.1 - Increase public awareness of services and generate buy in

**Start Date:**

**End Date:**

**Attachments:**

**How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?:** 1. Radio (2 local stations) community service ads.

2. Local Newspaper box adds for special events or just general promotion

3. High school and community college newspaper--box adds

4. Routine public-speaking at service organizations such as Rotary, Kiwanis, Optimist

5. Special advertising (such as print ads or prescription sacks and bench ads)

6. Personal visits and presentations to pastors, principles, counselors

7. Providing pamphlets at clinics, churches, colleges, and schools

8. Planning and attending health fairs and women's fairs

9. Participating in various community and health organizations

10. Providing public seminars (such as suicide prevention, car seat safety, nutrition, food preparation)

11. Having an internet presence on facebook and on the website flsonline.net

12. Developing a brand new website, acwrc.com (Ark City Women's Resource Center) which markets to pregnant women

13. Placing ads in local phone books

14. Host Chamber of Commerce morning coffees

15. Hosting a coffee at the AC Clinic for the doctors

Note: We are hoping that, by increasing the coordinator hours from 20 hours a week to 32 hours a week (which is how we had been operating successfully for many years), we can have the work time to promote the program more completely, keep more complete records, as well as meet the needs of an expected higher number of clients.

**What are your planned outreach activities?:** Planned outreach activities include: 1. Hosting nutrition and cooking workshops in conjunction with the Cowley County extension Office and the Mid-Kansas Community Action Program; 2. Hosting an annual banquet in February of each year with about 200 people attending 3. Hosting the Chamber of Commerce morning coffees at least once a year. 5. Presenting at the local community college (Cowley College) at Ethics and Psych classes; 6. Hosting financial seminars, (budgeting classes) 7. Hosting car seat safety education with the Cowley County Health Department 8. Having a fall fundraiser and open house in conjunction with the yearly Arkansas City Fall festival (Arkalala); 9. Having a music outreach event at Wilson Park in August 10. Hosting a Christmas season open house

#### E.1.1 - Promote services to community

**Start Date:**

**End Date:**

**Attachments:**

#### E.1.2 - Planned outreach activities

**Start Date:**

**End Date:**

**Attachments:**

#### E.1.3 - Target and recruit clients

**Start Date:**

**End Date:**

**Attachments:**

## F - Partnerships



## F.1 - Collaborative partnerships with community providers

**Start Date:**

**End Date:**

**Attachments:**

**Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.:**

1. Ark City Clinic, Arkansas City, KS (prenatal, birthing, and postnatal medical care, adoption coordination)
2. South Central Kansas Regional Medical Center, Arkansas City, KS (prenatal, birthing, and postnatal medical care, adoption coordination)
3. South Central Kansas Clinic, Arkansas City, KS (prenatal, birthing, and postnatal medical care, adoption coordination)
4. Sunflower Ob/Gyn (prenatal, birthing, and postnatal medical care, adoption coordination)
5. William Newton Memorial Hospital, Winfield, KS (prenatal, birthing, and postnatal medical care, adoption coordination)
6. Cowley County Health department (WIC, car seat safety, birth control, prenatal medical, well child check-ups)
7. Cowley County Extension Agency (nutrition classes, cooking classes)
8. Mid-Kansas Community Action Program (nutrition/cooking classes, housing assistance, utility assistance, budgeting, fuel cost assistance)
9. KanCare (health insurance, transportation for medical appointments, 24-hour nurse line)
10. DCF, Winfield, KS (food stamps, cash assistance)
11. Kansas Breastfeeding Coalition (support for breastfeeding mothers)
12. Four County Mental Health (medication, addiction, emergency counseling)

**When referring for services outside the program, what are the processes for initial referrals and for follow-up after referral?:** Before any referral is acted upon a client must sign a document which articulate the parameters of the action as well as its duration and level of confidentiality. This document is kept in the clients file permanently. The referral activity is followed up with a procedure whereby contact is made by phone or in person (within 14 days) to the agency to which the client was referred.

### F.1.1 - Build and maintain local partnerships

**Start Date:**

**End Date:**

**Attachments:**

#### F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services

**Start Date:**

**End Date:**

**Attachments:**

#### F.1.1.2 - Develop referral sources for related services

**Start Date:**

**End Date:**

**Attachments:**

#### F.1.1.3 - Track referrals made and outcomes of those referrals

**Start Date:**

**End Date:**

**Attachments:**